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06/24/2009

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

(X3) DATE SURVEY COMPLETED

NVS4420HIC

B. WING _____

B. WING _____

STREET ADDRESS, CITY, STATE, ZIP CODE

	ROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE						
THE VELVET TOUCH		6656 ARTIC BREEZE STREET LAS VEGAS, NV 89081						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE			
H 000	Initial Comments		H 000					
	This Statement of Deficiencies was generated a result of a State Licensure survey conduct your facility on 6/24/09. This State Licensure survey was conducted by authority of NAC 4 Homes for Individual Residential Care, adop by the State Board of Health on November 2 1999. The findings and conclusions of any investig	ed in e 149, ted 29,						
	by the Health Division shall not be construed prohibiting any criminal or civil investigations actions or other claims for relief that may be available to any party under applicable feder state or local laws.	d as s,						
	The census at the time of the survey was the Resident files were reviewed and two emplo files were reviewed.							
	The following deficiencies were identified:							
H 011	Director Duties-Needs Assessment		H 011					
	NAC 449.15523 Director: Duties. (NRS 449. The director of a home shall: 2. Ensure that the needs of each resident of home are assessed upon admission of the resident to the home, and that the assessme updated as the needs of the resident change	the ent is						
	This Regulation is not met as evidenced by: Based on interview and record review on 06/24/09, the needs of 3 of 3 residents were assessed upon admission to the home (Res #1, #2 and #3).	not						

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
NVS4420HIC				B. WING		06/24/2009			
NAME OF PROVIDER OR SUPPLIER			STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	-			
THE VELVET TOLICH				RTIC BREEZE STREET GAS, NV 89081					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	(X5) COMPLETE DATE			
H 040	Continued From page 1			H 040					
H 040	Agreement Concerning Rates			H 040					
	home and resident comaintenance of record 449.249) The operator of a hord. Enter into a written resident of the home for the services of the any optional services. This Regulation is not	rds of residents. (NRS me shall: a agreement with each that sets forth the basic home and the charges .	c rate s for						
	Based on record review on 06/24/09, the facility did not have a rate agreement that set forth the basic rate for the services of the home and the charges for any optional services for 2 of 3 residents (Resident #2 and #3).								
H 045	home and resident comaintenance of record 449.249) The operator of a hor 2. Maintain a separat resident of the home years after the reside home. Each file must (d) A current copy of	eement between operate oncerning rates; ds of residents. (NRS me shall: e, organized file for eac and retain the file for 5 ont permanently leaves	ch the	H 045					

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health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of

3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have

subsection 1 of NAC 441A.200.

a:

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offered to a person with a positive tuberculosis screening test in accordance with the guidelines

Prevention as adopted by reference in paragraph

of the Centers for Disease Control and

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6. An ultimate user or any person whom the ultimate user designates pursuant to a written

NRS 454.213 Authority to possess and

agreement.

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persons receiving those services are related within the third degree of consanguinity or affinity

Based on interviews and observations on 6/24/09 and 07/15/09, the facility had admitted three residents, which exceeded their licensing

to the person providing those services.

requirement.

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FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4420HIC 06/24/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6656 ARTIC BREEZE STREET THE VELVET TOUCH LAS VEGAS, NV 89081 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 999 Continued From page 6 H 999 Findings include: An on-site visit was conducted on 6/24/09 and 07/15/09. Caregiver #1 reported that there were two elderly residents (Resident #1 and Resident #2) paying to live in the home as residents. A third elderly resident (Resident #3) was discovered during a tour of the facility. The caregiver reported that the third resident was a renter, but could not provide any documentation, records or a rental contract for the third resident. The manager produced a rental contract. Resident #1 was admitted on 04/19/09. The resident had a resident file, but the file was missing several documents such as a rate agreement, ultimate user agreement and a needs assessment. Resident #1 reported that she visited the bathroom alone, required assistance with medications and visits outside the home because she used a walker. Caregiver #1 reported she assisted the resident with her medications, and bathing. The manager reported that the resident was paying the facility \$1500/month for care and assistance. She also reported that the resident needed assistance for visits outside of the home. Resident #2 was admitted on 08/06/08. The resident had a file, but the file was missing a needs assessment. There was a signed ultimate user agreement authorizing the caregivers to administer medications, but it was not dated. Caregiver #1 reported she assisted the resident with her medications. When interviewed.

Resident #2 had difficulty in answering questions and had no knowledge of the president's name or

the day of the week. The resident paid \$2000/month for care and assistance.

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